PTDISEROS (03-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  Application or Doctor Number  \$9-451515											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR .	OTHER THAN SMALL ENTITY	
	FOR	NUMBÉ	NUMBER FILED		MUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (DF CFR 1.16(a))								•	<b>OR</b>	·	
	L CLAMS FR 1.15(d)		minus 20 • •				× 40		. QR	x 8	
	PENDÊNT ÇLALI FR 1.18(D))	i\$	minus 3 = *				x \$o_		QR	* & •	
MILITIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(II))							+1		<b>CR</b>	••	
	e dillerence in o	alumn 1 is less the	n zero, ent	er "O" in column 2	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II											
40-	20-04 (Column 1) (Column 2)			(Catumn 3)		SMALL I	NTITY	CR	OTHER SMALL I		
		CLAIMS REMAINING AFTER AMENDMENT	_	HIGHEST NAMBER PREVIOUSLY PAID FOR.	PRESENT EXTRA		RATE	ADDI- TEDNAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total gross used	.20	Maus	* <b>D</b> V	<b>&gt;</b>	l	<u>,,9</u> .		OR	x s/Y =	•
	Independent gr cFR 1,Mpg	. 2	Minus	- 3			x = 44 -		OR	× 68 -	
AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAN 07 OF	R 1.16(4)		+.150.		<b>OR</b>	+37 .	
						•	TOTAL ADD'L FEE		OR.	TOTAL ADO'L FEE	
4/28/Q) (Column 1) (Column 2) (Column 2)									_		
ENT 7		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total professions	7/1)	Minus	- QD	• /	1	× 3 •		OR	x 5=	
ENDM	Independent Q7 GFR 1.1609	. 3	Minus	-3	• /	1	x 8 *		OR	X 5 =	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAME (ST CFR LIGHT)					1	+1		OR	+8=	/	
							TOTAL ADOL FEE		] OR	TOTAL ADD'L FEE	<u> </u>
10-7-05 RC6 (Column 1) (Column 2) (Column 3)									,		
÷		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE	ŀ	RATE	ADCI- TIONAL FEE
DMENT	Total (27 OFA 1.19(2)	20	Minus	-20	•		× e •		OR	X 5*	
Z	Independent (37 CFR 1.1466)	・み	Minus.	<del>-</del> 3	•		x8		OR	×9	
REST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(0)						+4		OR	٠,		
						_	TOTAL ADD'L FEE		OR	TOTAL ADOL FEE	
if the entry in column 1 is less than the entry in column 2, write "0" in column 3.     if the "Highest Number Previously Poid For" IN THIS-SPACE is less than 20, enter "20".											
"If the "Highest Number Previously Poid For" IN THIS SPACE is less than 20, areas" 25. "If the "Highest Number Previously Poid For" IN THIS SPACE is less than 3, areas" 27. "If the "Highest Number Previously Poid For" IN THIS SPACE is less than 3, areas "3".  The "Highest Number Previously Poid For" IN THIS SPACE is less than 20, areas "3".  The "Highest Number Previously Poid For" IN THIS SPACE is less than 20, areas "3".											

The Trighest Number Previously Paid For' (Total or Independent) is the highest number bound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public vehicle in to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, brokuling gathering, preparing, and submitting the completed explication form to the USPTO. Time will vary depending upon the individual case. Any comments but under the property of the public process of the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form antior suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademeric Office, U.S. Depending of the Commerce, P.O. Box 1450, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.